

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40440

1. Entity Name

UV SALES, INC.

Principal Place of Business

Mailing Address

34 STATE ST
OSSINING NY 10562
US

34 STATE ST
OSSINING NY 10562-4622
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3185946

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME TERUAKI, NAKAI
STREET ADDRESS 34 STATE ST
CITY-ST-ZIP OSSINING NY ☐ Delete

TITLE
NAME Hessel, John ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME TETSUYA, ONISHI
STREET ADDRESS 34 STATE STREET
CITY-ST-ZIP OSSINING NY 10562 ☐ Delete

TITLE
NAME SANO, MARK ☒ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE V
NAME TRABING, KENT
STREET ADDRESS 34 STATE ST
CITY-ST-ZIP OSSINING NY ☐ Delete

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE S
NAME MACMURDIE, KEITH
STREET ADDRESS 34 STATE ST
CITY-ST-ZIP OSSINING NY ☐ Delete

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS ☐ Delete
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KEITH MACMURDIE
SECRETARY

1-24-00

Date

914-923-0743

Daytime Phone #

CR2E034 (9/99)